

CLAIMS ONLY							Application Number <b>10801743</b>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4		4		4		4		4	
Total Depend	49		49		49		49		49	
Total Claims	53		53		53		53		53	